

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	LB		2-30-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	TN		
RESPONSE FORMALITY REVIEW			5-29-01

INDEX OF CLAIMS

.....	Rejected	N	Non-elected
.....	Allowed	I	Interference
(Through numeral).....	Canceled	A	Appeal
.....	Restricted	O	Objected

Claim	Final	Original	Date
1	✓	8	12
2	✓	10	12
3	✓	11	12
4	✓	12	12
5	✓	13	12
6	✓	14	12
7	✓	15	12
8	✓	16	12
9	✓	17	12
10	✓	18	12
11	✓	19	12
12	✓	20	12
13	✓	21	12
14	✓	22	12
15	✓	23	12
16	✓	24	12
17	✓	25	12
18	✓	26	12
19	✓	27	12
20	✓	28	12
21	✓	29	12
22	✓	30	12
23	✓	31	12
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26	✓	34	12
27	✓	35	12
28	✓	36	12
29	✓	37	12
30	✓	38	12
31	✓	39	12
32	✓	40	12
33	✓	41	12
34	✓	42	12
35	✓	43	12
36	✓	44	12
37	✓	45	12
38	✓	46	12
39	✓	47	12
40	✓	48	12
41	✓	49	12
42	✓	50	12

Claim	Original	Date
51	10/12	
52	11/1	
53	11/1	
54	11/1	
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Claim		Date
Final	Original	
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**If more than 150 claims or 10 actions
staple additional sheet here**

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